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PTO/SB/01 (8/95)		Attorney Docket Number	1926-00095
		First Named Inventor	Antoinette Tricker
COMPLETE IF KNOWN			
DECLARATION		Application Number	
Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing		Declaration <input type="checkbox"/> Submitted after Initial Filing	Filing Date
			February 25, 2004
		Group Art Unit	
		Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SHOE LACE**

(Title of the Invention)

the specification of which  
 is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT

International Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(d) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(d) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named Inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Daniel D. Fetterley	20,323	Joseph D. Kuborn	40,689
George H. Solveson	25,927	Jeffrey S. Sokol	35,686
Gary A. Essmann	29,376	Peter T. Holsen	54,180
Thomas M. Wozny	28,922	Aaron T. Olejniczak	54,853
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Joseph J. Jochman, Jr.	25,058		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Name Thomas M. Wozny, Reg. No. 29,822

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname				
Antoinette	Tricker				
Inventor's Signature	Date 23rd February 2004				
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Name of Additional Joint Inventor, If any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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POST OFFICE ADDRESS				
City	State	Zip	Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.				

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet					
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
RESIDENCE: City		State	Country	Citizenship		
POST OFFICE ADDRESS						
City		State	Zip	Country		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
RESIDENCE: City		State	Country	Citizenship		
POST OFFICE ADDRESS						
City		State	Zip	Country		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
RESIDENCE: City		State	Country	Citizenship		
POST OFFICE ADDRESS						
City		State	Zip	Country		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
RESIDENCE: City		State	Country	Citizenship		
POST OFFICE ADDRESS						
City		State	Zip	Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.						